

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10050670	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
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TOTAL IND.							2					
TOTAL DEP.							9					
TOTAL CLAIMS							11					